


2008 FOR PROFIT CORPORATION REINSTATEMENT

pg 1 of 2

DOCUMENT # P98000041979		
1. Entity Name SPRING CARPET, INC.		

FILED
08 OCT 27 PM 2:46
CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4599 BISON ST BOCA RATON, FL 33428	Mailing Address 4599 BISON ST BOCA RATON, FL 33428
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

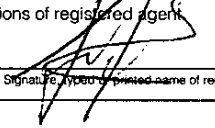
10202008 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent JUNKES, JAIMIR 4599 BISON ST BOCA RATON, FL 33428	
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4. FEI Number 65-0835572	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 10-23-08
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUNKES, JAIMIR 4599 BISON STREET BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	DATE: 10.23.08	FILE NUMBER: 5616741173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

10/27/08

Spring Carpet Inc.

Phone(561) 674-1173

Fax: (561)883-6186

This letter is for the purpose of the reinstatement for 2008 annual corporation report document # P98000041979 which the form was not sent to the corporation.

Please, use the 2006 funds for the 2008 fee.

If you need contact me, do not hesitate at 561-6741173.

Sincerely,

Jaimir junkes

2006 overpayment

4/22/06 80077 003

\$ 150.00